

**SELF-DECLARATION AND AUTHORIZATION
FOR CRIMINAL HISTORY CHECK**

(I.C.A.R. 47)

Is this a **RENEWAL** application? Yes No

FOR OFFICE USE ONLY

Date Received:

Action Log:

Cleared:

HIT:

FBI Reject 1:

FBI Reject 2:

Exemption:

Denied:

Last Name (Please print legibly)

First Name

Middle Name

List Former Names(s) (Maiden, a.k.a., etc.)

List Former Names(s) (Maiden, a.k.a., etc.)

List Former Names(s) (Maiden, a.k.a., etc.)

List Former Names(s) (Maiden, a.k.a., etc.)

Street Address

City

State

Zip

Daytime Telephone Number

Date of Birth

Email Address (Will be used for primary communication)

Social Security Number

Place of Birth – City & State (or Country*)

Other Countries of Residence

Sex

Race

Height

Weight

Hair Color

Eye Color

Driver's License (DL) Number

DL State

Include a copy of a valid identification document, such as a driver's license, identification card, or passport, issued by a governmental entity.

**If you were born outside of the US, please provide documentation proving age at immigration to US, such as a copy of a Permanent Resident Card. If immigration occurred after the age of 18, or you have resided outside the US, please contact the Background Check Coordinator at AOCFingerprint@idcourts.net for further guidance.*

I am applying as a: GAL-Volunteer GAL-Board Member GAL-Staff/Employee

(Please check one) Supervised Access Provider Parenting Coordinator Family Court District Manager

DV Evaluator DV Court Coordinator

Judicial District: 1st 2nd 3rd 4th 5th 6th 7th

(Please check one)

If you answer YES to questions 1 through 6, or NO to question 7, you **must provide an explanation** of each item. Please include the date, location, crime/incident, and action. If necessary, please attach additional pages.

1) Have you ever been charged with a crime or arrested in Idaho or any other state? Yes No
If yes, please include the date, location, crime/incident, action, and explanation:

2) Have you ever pled guilty or been convicted of a crime as an adult or juvenile? Check YES even if the conviction was sealed or the judgment was withheld. (Include traffic crimes such as DUI, reckless driving, or driving without privileges, but do not include traffic infractions such as excessive speed). Yes No

If yes, please include the date, location, crime/incident, action, and explanation:

3) Do you have criminal charges or warrants pending against you, or are you on probation or parole in Idaho or any other state? Yes No

If yes, please explain: _____

4) Have you ever had a criminal, civil, or juvenile protection, no contact, or restraining order filed against you? Yes No

If yes, please explain: _____

5) Have you ever been found to have committed abuse or neglect in a child protection case or adult protection case or have you ever appeared on either the child abuse registry or adult protection registry? Yes No

If yes, please explain: _____

6) Has your driver's license ever been suspended or revoked? Yes No

If yes, please explain: _____

7) Do you have a valid driver's license today? Yes No

If no, please explain: _____

If this is a renewal, also answer questions 8-10 in this section.

RENEWALS ONLY

8) When were you last cleared by the Idaho Supreme Court? _____/_____/_____

9) Have you resided in other states or countries since then? Yes No

If yes, please list: _____

10) Were you issued a Conditional Denial previously? Yes No

If yes, did you go through the Exemption Review Hearing process? Yes No

If yes, were you granted an Exemption (cleared)? Yes No

If yes, in which year? _____

AUTHORIZATION TO INVESTIGATE

I hereby authorize the Idaho Supreme Court (Court) to conduct a criminal history and background check on me. I understand that my fingerprints will be sent to the FBI for processing, and I authorize the Court to gather information from any city, county, state, and/or federal law enforcement agencies, the Idaho Department of Health and Welfare, the Idaho Sex Offender Registry, and any other source deemed necessary by the Court. I release the Court from any and all liability and expense associated with this investigation.

SELF-DECLARATION

I swear/affirm that the information on this form is true and accurate to the best of my knowledge. My signature reflects my understanding that I am signing this document under oath under penalty of perjury. I understand that any fraud, misrepresentation, or omission in my answers may result in my disqualification or dismissal.

Typed/Printed Name

Applicant's Signature

Date



Idaho State Police

Bureau of Criminal Identification



NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose, you have certain rights, which are discussed below.

This serves as notification from Idaho Supreme Court that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order, or a state statute that the attorney general has approved.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC § 552a). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Fingerprints will be searched against all available fingerprints retained in the NGI system. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities. Idaho does not retain non-police applicant fingerprints, and those prints are not retained at the FBI for future comparisons against submitted fingerprint requests at the time of the applicant's submission.

According to Idaho state law, and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process can be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/ corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction, or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website <https://isp.idaho.gov/bci/criminal-history/>

Signature of Applicant _____ Date _____

700 South Stratford Drive, Suite 120 • Meridian, Idaho 83642-6251

EQUAL OPPORTUNITY EMPLOYER



**AUTHORIZATION AND CONSENT TO RELEASE INFORMATION FROM
THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY**

INSTRUCTIONS

- This form **must** be filled out electronically (**typed**) and hand-signed. Any handwritten, obsolete, or incomplete forms will be returned for correction.
- It **must** be signed by the person that is being checked, or by their parent/guardian if the individual is under eighteen (18) years of age. **Electronic signatures are not accepted (except through an approved eNotary service).**
- The signature **must** be notarized.
- Include a check, money order, or appropriate invoice in the amount of \$20.00 payable to: "Idaho Department of Health and Welfare" or "IDHW". **DO NOT SEND CASH.**
- Mail completed forms and payment to: **IDHW – Background Check Unit
ATTN: CWIS
P.O. Box 83720
Boise, Idaho 83720**

**PERSON BEING CHECKED (MUST BE TYPED):
IF THE FORM IS INCOMPLETE, IT WILL BE REJECTED AND RETURNED**

LAST NAME:	FIRST NAME:
MAIDEN/FORMER NAME(S)/ALIASES:	
DATE OF BIRTH (MM/DD/YYYY):	SOCIAL SECURITY NUMBER:

AGENCY INFORMATION:

IF THIS REQUEST IS FOR A CITY DAYCARE LICENSE, LIST THE CITY NAME AS THE LICENSING AGENCY IN THE SECTION BELOW

LICENSING AGENCY/EMPLOYER NAME:

RETURN RESULTS TO:

IF AN EMAIL ADDRESS IS PROVIDED, THAT WILL BE THE DEFAULT RETURN PROCESS

NAME:	
STREET/PO BOX:	EMAIL:
CITY/STATE/ZIP:	FAX NUMBER:

REASON FOR REQUEST:

SELECT THE REASON TO SEARCH THE IDAHO CHILD PROTECTION REGISTRY

Foster Care/Adoption/ICPC (Adam Walsh Act 42 USC 16961 Section 152)
Child Care Employment (CCDBG)
Guardian ad Litem/Court Appointed Special Advocate
Employment with Vulnerable Peoples



AUTHORIZATION AND CONSENT TO RELEASE INFORMATION FROM THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

IMPORTANT:

THIS REQUEST CANNOT BE PROCESSED WITHOUT THE NOTARIZED SIGNATURE OF THE PERSON BEING CHECKED

I authorize and direct the Idaho Department of Health and Welfare Background Check Unit to release the results of this search of the Child Abuse and Neglect Central Registry to the agency above.

I understand that the results and information about me contained in the Child Abuse and Neglect Central Registry may prove to be unfavorable to me and that a history of substantiated child abuse or neglect will affect my ability to work with children or vulnerable adults. I further understand that this information may later be disclosed by the individual/organization listed above. I do hereby fully, finally and forever discharge, release, acquit, and hold harmless the Idaho Department of Health and Welfare, its officers, agents, employees, and staff from any and all claims, liens, demands, liability, suits, judgments, or actions of whatever kind, whether known or unknown, which I may have at any time associated with the release of information I have requested using this form. If it appears to me that the information in the Child Abuse and Neglect Central Registry has not been updated or appears inaccurate, I will notify the Idaho Department of Health and Welfare immediately. This authorization and consent shall be binding upon my heirs, representatives, executors, administrators, assigns, and successors and no promise, inducement or agreement not herein expressed has been made to me. The terms of this authorization and consent are contractual in nature and are not mere recitals. This is a continuing authorization and consent which shall remain effective until revoked by me in writing.

THE UNDERSIGNED HAVE READ THE FOREGOING AND FULLY UNDERSTAND IT.

PRINT NAME: _____	SIGNATURE REQUIRED (PARENT/GUARDIAN SIGNATURE IF UNDER 18): _____
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STATE OF _____
 COUNTY OF _____
 SUBSCRIBED AND SWORN (OR AFFIRMED) BEFORE ME THIS _____ DAY OF _____, 20____.

NOTARY PUBLIC SIGNATURE _____

MY COMMISSION EXPIRES ON _____

SEAL

RESULTS:

TO BE COMPLETED BY IDHW STAFF ONLY

	THE ABOVE NAMED INDIVIDUAL <u>IS NOT</u> LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.
	THE ABOVE NAMED INDIVIDUAL <u>IS</u> LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.
	UNABLE TO PROCESS DUE TO:
	INCOMPLETE FORM
	PAYMENT NOT INCLUDED / INCOMPLETE
	SIGNATURE MISSING OR NOTARY PORTION INCOMPLETE
	OTHER:

COMPLETED BY: (IDHW STAFF ONLY)

STAFF SIGNATURE: _____	DATE: _____
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